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## BIB DATA SHEET

CONFIRMATION NO. 3185

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/526,328	02/28/2005	235	2887	86931SLP
<b>RULE</b>				
<b>APPLICANTS</b> Wido Menhardt, Los Gatos, CA; Yue Shen, Santa Clara, CA; Yes /AI/				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA03/01285 09/04/2003 which claims benefit of 60/408,079 09/04/2002				
<b>** FOREIGN APPLICATIONS *****</b> None /AI/				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /APRIL ALICIA TAYLOR/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance  Initials	<b>STATE OR COUNTRY</b>  CA	<b>SHEETS DRAWINGS</b>  6	<b>TOTAL CLAIMS</b>  31 17
<b>INDEPENDENT CLAIMS</b>  5 2				
<b>ADDRESS</b> Carestream Health, Inc. Patent Legal Staff 150 Verona Street Rochester, NY 14608 UNITED STATES				
<b>TITLE</b> Patient identification method for x-ray film user-interfaces				
<b>FILING FEE RECEIVED</b> 1850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit